Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	4-11 <u>-07</u>	Address:	<u>8496 W 700 N</u>	
Case #:	13-72187		<u>WTNAMAC IN 46996</u>	
County:	PULAŞKI			
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)		
	nonal Lab ical/Glassware/Equipment (only) site (only)	☐ Residence ☑ Outbuilding ☐ Vehicle	☐ Hotel/Motel ☐ Open - No Structure ☐ Other:	
	und: Location (bedroom, kitchen, open that apply)	air, etc)		
Lithiu	m/Ammonia Reaction(s): <u>OUTBUIL</u>	<u>.DJNC</u>		
Red P	hosphorous/Iodine Reaction(s):	_		
⊠ Flame	mable Solvents: OPEN AIR			
Water Reactive Metal (Lithium): OPEN AIR				
Anhydrous Ammonia: <u>OUTBUILDING</u>				
Corrosive Acid: OUTBUILDING				
Corrosive Base:				
Other	r (item and location):			
Child un ☐ Yes ☑ No *10 yes, fa	nder age 18 discovered (check one) (number present) x report to Child Protective Services	☐ Ephedi ☐ Retail/. ☑ Other:	<u>ive Information</u> ine/Pseudoephedrine Tracking Log Merchant Tip STATE INVESTIGATION	
This rep	port is to be faxed to the following a	<u>igencies that serve the</u>	e location:	
Fire Department: NORTH JUDSON		Fax: <u>574</u>	Fax: <u>574-896-3736</u> Fax: <u>574-946-6654</u>	
	Department: PULASKI COUNTY	Fax: <u>N/.</u>		
	rotection Service: N/A			
For furt	her information tegarding this methan	mphetamine laboratory	y, contact 917	

This form is to be faxed to the I're Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

Investigating Officer: AARON T. CAMPBELL Phone 800-552-8917

This form is to be included with the case life, and a copy sent to the Clandestine Laboratory Team Leader for retention.